

## KENTUCKY TRANSPORTATION CABINET Office of Support Services

## **DIVISION OF GRAPHIC DESIGN AND PRINTING**

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## **BUSINESS CARD PRINTING REQUEST**

						JOB #	
	DATE						
SECTION 1: CUSTOMER I	REQUEST DETA	ILS					
DATE (submitted)	DATE (due)		OFFICE/DIVISION/DISTRICT				
PROJECT DESCRIPTION							
REQUESTED BY (first name)	(last name)		PHONE				
PROOF REQUIRED (If not, client	t takes responsibilit	ty for contents	of final product and mu	st sign her	re.)		
SECTION 2: PRINTING IN		Please fill out al					
NAME (first)	(last)		TITLE (must match title listed on personnel action notification)				
OFFICE/DIVISION/DISTRICT							
ADDRESS (street)		CITY	STATE		'ATF	ZIP	
ADDRESS (Street)					AIL	211	
WORK PHONE EXT	CELL PHONE	•	FAX EN		MAIL		
SECTION 3: WORK DETA	<b>IL</b> (to be complete	d by Graphic D	esign and Printing)				
DESIGN/PREPRESS		PY CENTER	BINDERY		TOTALS		
DATE (in)			DATE (in)		TOTAL IMPRESSIONS		
ARTIST OPERATOR			OPERATOR		TOTAL HOURS DOWNTIME		
DATE (out)  DATE (out)			DATE (out)		TOTAL HOURS ON JOB		
DATE (val)			DATE (out)		TOTALTIOORS	N JOB	
# HOURS ON JOB # HOURS ON JO		В	# HOURS ON JOB				
SENT TO PRINT	PGS	IMP	# EMPLOYEES ON JOB		TOTAL COSTS	TOTAL COSTS	
COMMENTS							
SIGNATURE (at customer pickup)			DATE				